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**CONFIDENTIAL ATTORNEY-CLIENT  
PRIVILEGED COMMUNICATION**

Date: SEPTEMBER 16, 2003

To: EXAMINER THOMAS J. WILLIAMS  
U.S. PATENT AND TRADEMARK OFFICE  
Fax #: (703) 872-9327From: FRANK C. NICHOLAS                    RECEIVED  
Fax #: (847) 424-2521                    CENTRAL FAX CENTER

Client/Matter No.: DP-305565 (7500/87)                    SEP 17 2003

# of Pages: 16  
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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

|                      |                     |
|----------------------|---------------------|
| Attorney Docket No   | DP-305565 (7500/87) |
| Application Number   | 10/081,122          |
| Filing Date          | FEBRUARY 22, 2002   |
| First Named Inventor | BRYAN P. RIDDIFORD  |
| Group Art Unit       | 3683                |
| Examiner             | WILLIAMS, THOMAS J  |

## ENCLOSURES (check all that apply)

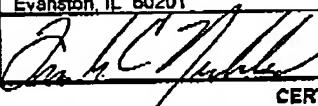
|                                                                                            |                                                                                                                                                                                                                                                                                                             |                                                                                            |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Response to Final Office Action<br>Dated June 16, 2003 | <input type="checkbox"/> Assignment Papers<br>(for an Application)                                                                                                                                                                                                                                          | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences        |
| <input checked="" type="checkbox"/> After Final                                            | <input type="checkbox"/> Drawings                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> Affidavits/declaration(s)                                         | <input type="checkbox"/> After Allowance Communication to Group                                                                                                                                                                                                                                             | <input type="checkbox"/> Proprietary Information                                           |
| <input type="checkbox"/> Status Letter                                                     | <input type="checkbox"/> Person Routing Slip (PTO/SB/68) and Accompanying Petition                                                                                                                                                                                                                          | <input type="checkbox"/> Post Card Receipt                                                 |
| <input type="checkbox"/> Extension of Time Request (duplic)                                | <input type="checkbox"/> To Convert a Provisional Application                                                                                                                                                                                                                                               | <input checked="" type="checkbox"/> Additional Enclosure(s)<br>(please identify below)     |
| <input type="checkbox"/> Express Abandonment Request                                       | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> Request for Continued Examination (RCE) Transmittal    |
| <input type="checkbox"/> Information Disclosure Statement, PTO-1449, art                   | <input type="checkbox"/> Terminal Disclaimer                                                                                                                                                                                                                                                                | <input type="checkbox"/>                                                                   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)                            | <input type="checkbox"/> Small Entity Statement                                                                                                                                                                                                                                                             | <input type="checkbox"/>                                                                   |
| <input type="checkbox"/> Response to Missing Parts/<br>Incomplete Application              | <input type="checkbox"/> Request of Refund                                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                                   |
|                                                                                            | <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 50-1713. A duplicate copy of this sheet is enclosed                                                                                   |                                                                                            |
|                                                                                            | <input checked="" type="checkbox"/> I hereby petition under 37 CFR § 1.136(a) for any extension of time required to ensure that this paper is timely filed. Please charge any associated fees which have not otherwise been paid to Deposit Account No. 50-1713. A duplicate copy of this sheet is enclosed |                                                                                            |

## CALCULATION OF FEE

|                                           | Claims After Amendment | Highest No.<br>Previously Paid For | Present Extra | Small Entity    |           | Large Entity    |           |
|-------------------------------------------|------------------------|------------------------------------|---------------|-----------------|-----------|-----------------|-----------|
|                                           |                        |                                    |               | Rate            | Add'l Fee | Rate            | Add'l Fee |
| Total                                     |                        | Minus                              | 0             | \$9=            | 0         | \$18=           |           |
| Indep.                                    |                        | Minus                              | 0             | x \$42=         | 0         | x \$84=         |           |
|                                           |                        |                                    |               | + \$140=        | --        | + \$280=        |           |
| First Presentation of Multiple Dep. Claim |                        |                                    |               | total add'l fee | \$ 0      | total add'l fee | \$ 0      |

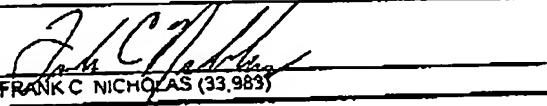
## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                               |                                                                                                                              |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| Firm<br>or<br>Individual name | FRANK C NICHOLAS<br>Registration No. 33,983<br>CARDINAL LAW GROUP<br>1603 Orrington Avenue, Suite 2000<br>Evanston, IL 60201 |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------------|

|           |                                                                                     |      |                    |
|-----------|-------------------------------------------------------------------------------------|------|--------------------|
| Signature |  | Date | September 16, 2003 |
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## CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is transmitted by facsimile to (703) 872-9327 to the U.S. Patent and Trademark Office on this date September 16, 2003

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